

INTENTION #: _____ / _____ / _____

CERTIFICATE EXPIRATION DATE: _____ / _____ / _____

MARRIAGE WORKSHEET

GROOM NAME: _____

BRIDE NAME: _____

INFORMATION ONLY

PLANNED DATE OF MARRIAGE: _____ / _____ / _____

PLANNED PLACE OF MARRIAGE: _____

Facility Name _____

Address—Street and Number _____

City _____

Zip Code _____

CURRENT TELEPHONE NUMBER: (____) _____ - _____

IF YOU NEED TO BE CONTACTED AFTER MARRIAGE, WHAT IS YOUR PLANNED ADDRESS AFTER THE MARRIAGE:

Street and number	City	State	Zip Code
-------------------	------	-------	----------

TELEPHONE AFTER MARRIAGE: (____) _____ - _____

NAME & TITLE OF OFFICIANT: _____

ADDRESS OF OFFICIANT: _____

Address—Street and Number _____

City _____

State _____

Zip Code _____

If the officiant is from another state, he or she must apply for and receive a commission from the Secretary of State before the marriage takes place. The Commission may be obtained from:

**SECRETARY OF STATE, COMMISSIONS DIVISIONS
MCCORMACK BUILDING—17th Floor
1 ASHBURTON PLACE
BOSTON MA 02108
(617) 727-2836**

RECEIVED

YES

NO

NOT APPLICABLE

BRIDE MEDICAL CERTIFICATE

<input type="checkbox"/>

<input type="checkbox"/>

GROOM MEDICAL CERTIFICATE

<input type="checkbox"/>
<input type="checkbox"/>

AGE ORDER

COURT WAIVER

COMMISSION